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Application of Doctor Number

10736315

(Column 1)	(Column 2)
1	2
3	4
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17	18
19	20
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97	98
99	100

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.18(a), (b), or (c))		
SEARCH FEE (37 CFR 1.18(a), (b), or (c))		
EXAMINATION FEE (37 CFR 1.18(a), (b), or (c))		
TOTAL CLAIMS (37 CFR 1.18(f))	minus 25 =	
INDEPENDENT CLAIMS (37 CFR 1.18(f))	minus 3 =	
APPLICATION SIZE FEE (37 CFR 1.18(a))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(e).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(g))		

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.180)

• If the difference in column 1 is less than zero, enter "0" in column 2.

(Column 1)	(Column 2)	(Column 3)
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AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.141)	18	Minus	20	
	Independent (37 CFR 1.149)	3	Minus	3	

Application Size Fee (37 CFR 1.163d)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.163d)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)

AMENDMENT B

AMENDMENT B		(Column 1)		(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(b))	16	Minus	20	4
	Independent (37 CFR 1.16(b))	3	Minus	3	0
Application Size Fee (37 CFR 1.16(b))					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))					

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.150)

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

--- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "J".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9129 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/276719

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3=	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

9/19/06

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 15	Minus ** 20	= -
Independent	* 3	Minus *** 3	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	150.00
X\$ 25=	
X100=	
+180=	
TOTAL	

RATE	FEE
BASIC FEE	300.00
X\$50=	
X200=	
+360=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDIT. FEE	